



COLUMBIA COUNTY PARKS & RECREATION DEPARTMENT

P.O. Box 498, Evans, GA 30809

**REQUEST FOR REFUND**

(Please Print or Type)

I/ We \_\_\_\_\_, the parent / guardian of \_\_\_\_\_  
(PRINTED NAME) CHILD/(REN)'S NAME

request a refund of registration monies paid for \_\_\_\_\_ .  
SPORT / LEAGUE (age group)

My child (ren) will not be participating due to: \_\_\_\_\_

**Refund Policy:**

**All requests for refunds must be submitted by the parent / guardian in writing to the administrative office and approved by the recreation manager.**

A **full refund** will be issued if requested within the first two weeks after the final registration day.

A **50% refund** will be issued after the two week period and prior to first game of the league.

**No refunds will be issued after the first scheduled game.**

Once a request has been accepted, it cannot be rescinded.

**No child** will be able to **change sports** once the registration has been **processed**.

**No player** will be allowed to **change teams** once selections (drafts) have been made.

I have read and understand the policy and am requesting a refund as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete if different from time of registration.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone \_\_\_\_\_

Requests can be faxed to 706-868-3340 or emailed to [ParksandRecreation@columbiacountyga.gov](mailto:ParksandRecreation@columbiacountyga.gov)

**Refunds will be processed and checks mailed to the primary household member within two weeks.**

Amount of Refund: 50% 100% Date Received: \_\_\_\_\_ Parks & Recreation Staff: \_\_\_\_\_

Approved Not Approved Parks & Recreation Manager: \_\_\_\_\_ Date: \_\_\_\_\_